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ABSTRACT

This is the third of five student packets forming part of a position simulation developed for use in an office applications laboratory at the postsecondary level. The purpose of the simulation is to give the student an opportunity to become familiar with the tasks and duties performed by a clerk-typist working for an independent insurance agency. The packet, which contains approximately 10 hours of work, consists of 10 numbered jobs and supplies, i.e., the necessary letterhead or special forms. A guide sheet provides instructions for each numbered job. Jobs include verifying invoices and typing checks for payment, typing birthday letters, preparing a stencil and filling in a form letter, designing a change of information card, replenishing petty cash, tabulating life insurace programs, typing a followup letter with enclosure, preparing and duplicating a stencil of Weekly Premium Chart, and typing form letters. (YLB)

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GA313309

OFFICE OCCUPATIONS

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Student Packet III

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
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GA 83 63

Georgia Department of Education

OFFICE OCCUPATIONS

Developed and Produced
Under Contractual Agreement with

Division of Program Development
Office of Vocational Education
Georgia Department of Education
Atlanta, Georgia 30334
Charles McDaniel, State Superintendent of Schools
1982

UPD 7729/7-82

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Developed by

Columbus Area Vocational-Technical School
Columbus, Georgia

Revised by

Georgia State University
Atlanta, Georgia

Project Supported by

Office of Vocational Education
Division of Program Development
Georgia Department of Education
Atlanta, Georgia 30334

Dr. Charles McDaniel, State Superintendent of Schools

1982

FOREWORD

This clerk-typist position simulation has been developed for use in an office applications laboratory at the postsecondary level. Its purpose is to give the student an opportunity to become familiar with the tasks and duties that may be performed by a clerk-typist.

Appreciation is expressed to Mr. K. Gerald Allen, Project Coordinator, and to the business education instructors at Columbus Area Vocational-Technical School for the development of these materials.

Appreciation is also expressed to the many business education instructors throughout the state who field tested, evaluated, and provided invaluable feedback on these materials as a part of this revision effort.

Sincere appreciation goes to Dr. John H. Lloyd, Director, Program Development Division, for his continued support, encouragement, and leadership in this revision effort.

Dr. Harmon Fowler
Project Director
Office Simulation Project

Mrs. Doris Rash-Wooten
Assistant Project Director
Office Simulation Project

STUDENT GUIDE SHEET

This packet contains approximately ten (10) hours of work. Included in the packet are the numbered jobs and supplies. Where letterhead or special forms are necessary, they have been provided. No index cards or labels have been furnished. You may use paper cut to size or furnish 3 x 5 index cards. A form for labels is provided or real labels may be used.

The instructions for each numbered job are shown on this sheet. Examine each job to see if it is rush or routine. Be sure to do the rush jobs first. Check to see that you have all the necessary materials. Use current dates where necessary.

Instructions

1. Six invoices are ready for payment. Verify any extensions, figure any discounts that apply, and write checks for all invoices. Make carbon copies of the checks.

   If check protector is not available, type in the amount of the check.

2. Birthdays are special occasions, and Mr. Simmons likes to send birthday letters to his favorite clients. Type the birthday letters in advance and file chronologically in a pending folder. Date each letter a few days prior to the date of birth. The folder of birthday letters should be checked frequently to insure that the letters are mailed in time to arrive on the client's birthday. A reminder should be noted on your calendar.

3. Some of our customers need to renew their insurance policies. Please prepare a stencil for the attached letter. After you have run 10 copies, fill in one for each of the attached names with the information provided.

   I have listed the face value of each customer's policy and the payment due for a three-month period. Address an envelope for each.

4. Mr. Simmons has decided it is time to revise our change of information card. He would like for you to type a new card for his approval. This information should be typed to fit on a 3 x 5 card.

5. The petty cash fund is low and needs to be replenished. Sort the petty cash vouchers and arrange in numerical order. Record the transactions indicated on the vouchers in the Petty Cash Book. Rule and total each column. Double rule amount columns when PAID OUT and TOTAL of DISTRIBUTION OF PAYMENTS columns are equal. Record entry to replenish petty cash in the CASH PAYMENTS JOURNAL. Write check to replenish the petty cash fund. Open Petty Cash Book with the amount of check for Petty Cash.

6. Our company has prepared two life insurance programs for Mr. Taylor's selection. Please type a copy of the attached programs on one 8½ x 11" page for Mr. Simmons to present to Mr. Taylor next Tuesday.

7. Mr. Simmons needs this follow-up letter sent to the four individuals listed on the attached sheet. Be sure to use the correct dates and amounts for each letter. Address an envelope for each letter and include the proper enclosure with the letter.

8. Edgar Simmons received a telephone call from Rodney Brown of the AAUS Insurance Company in Dallas requesting that the Simmons Insurance Agency provide his firm with a list of our local hospitals. Use the Yellow Pages of the telephone directory to compile the list. Include the addresses and telephone number(s) for each hospital. Compose a short letter to accompany the list.

9. One of Mr. Simmons' senior citizen clients misplaced her copy of the weekly premium chart. Our supply of this chart is low. Please prepare a stencil of the attached to replenish our stock. Leave five copies on Mr. Simmons' desk by next Wednesday, the day he is scheduled to return to Mrs. Haggard's home.

10. The attached checklist forms came as a response to our having mailed them to customers several days ago. We need to set up appointments by use of a short form letter to the ones who responded and indicated a need for further assistance. Mr. Simmons can handle one morning, two afternoon, and three evening appointments per day. Use the short form letter provided. Keeping in mind the time checked by the client "as the best time to call", schedule appointments over the next three weeks as you type each of the clients an original form letter. (Be sure to indicate morning, afternoon, or evening.)

COLUMBUS OFFICE EQUIPMENT COMPANY

5510 Beallwood Connector
Columbus,Ga. 31904
Phone: (404) 555-3025

Invoice

NO. 6784
DATE (Month) 31, 19--
YOUR ORDER NO. 23508
SHIPPED TO SAME

SOLD TO . SIMMONS INSURANCE AGENCY
. 928 45th Street
. Columbus, GA 31904

OUR ORDER NO.	SALESMAN	TERMS	F.O.B.	DATE SHIPPED	SHIPPED VIA
514	Jones		destination	-/22/--	Our Truck

QUANTITY ORDERED	QUANTITY SHIPPED	STOCK NUMBER/DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
6 reams	6 reams	#11460 Federal Bond, 8½ x 11, 20 wt	3.95	rm.	23.70
2 boxes	2 boxes	#41634 Whitewave Envelopes, No. 10	8.18	bx.	16.36
3 boxes	3 boxes	Acco Staples	1.25	bx.	3.75
6 boxes	6 boxes	Mongal Pencils, No. 12 (12 per bx)	1.67	bx.	10.02
1	1	Carter's Foam Rubber Stamp Pad (blue) 3½ x 3½	1.10	ea.	1.10
6 btls.	6 btls.	Liquid Paper (white)	1.10	btl.	6.60
3 btls.	3 btls.	Liquid Paper Thinner	.50	btl.	1.50
					63.03
		TAX			2.52
		TOTAL			65.55

COLUMBUS WATER DEPARTMENT
P. O. Box 1600
COLUMBUS, GA 31902

Billing Date	Pres. Read.	Prev. Read	Consumpt.
-/10/-	752	740	12

Account Number	Please Pay By
117-172-000	-/30/-

Water	Sewer	Fire Protection	Arrears
$6.01	$4.51		

	Total Due
	$10.52

Please Bring Bill When Paying At Office

Simmons Insurance Agency
928 45th Street
Columbus, GA 31904

COLUMBUS JANITORIAL COMPANY
1400 2nd Avenue
Columbus, GA 31901

STATEMENT

Date (last month) 31, 19--

To Simmons Insurance Agency
. 928 45th Street
. Columbus, GA 31904

Terms N/30

Please detach and return upper portion with your remittance. $_____

5	hr.	regular service	5.00	hr.	25	00

Your Check is Your Receipt

A C M E
Exterminator, Inc.
3917 St. Mary's Road
Columbus, GA 31907

STATEMENT

Date (Month) 31, 19--

To SIMMONS INSURANCE AGENCY

. 928 45th Street

. Columbus, GA 31904

Terms N/30

Please detach and return upper portion with your remittance. $_____

	1	Month's Service		$	12	50

Your Check is Your Receipt

CLEAN CARPET INC.
1750 Buena Vista Road
Columbus, Georgia 31906

STATEMENT

Date (Last Month) 31, 19--

To Simmons Insurance Agency
928 45th Street
Columbus, GA 31904

Terms N/30

Please detach and return upper portion with your remittance. $_____

		900 sq. ft. carpet cleaned @ .15 sq. ft.				135	00
		900 sq. ft. carpet treated with Scotchguard				54	00
						189	00
		4% tax				7	56
					#	196	56

Your Check is Your Receipt

GEORGIA TELEPHONE COMPANY
1152 13TH STREET
COLUMBUS, GA 31901

404-561-8541 975
YOUR ACCOUNT NUMBER

-22 19--
DATE OF BILL

D 561-8541 975
ACCOUNT NUMBER

See reverse for explanation of Conn Time and Codes appearing in the T & C columns.

IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL CALL
322-9021

SERVING CITY
Columbus R221 063

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

CURRENT CHARGES
PAST DUE ON

Amount Last Bill	Payments	Adjustments	Balance
32 88	32 88		

Service From	To			15 40
Tax on Service	Loc 16	St 47	Fed 46	1 09
Directory Advertising From				
Charges From List of Calls Incl. Tax				8 31
Other Charges & Credits Incl. Tax - See Enclosure				
		TOTAL		24 80

Date	Place Called		Telephone #	T	C	Conn Time	Min	Amount
	CHARGES FOR 561-8541							
3 23	Rome	GA	235 2684	A	E	953	11	2 10
3 28	Americus	GA	912 924 9352	A	E	729	5	85
4 09	Rome	GA	235 2684	A	D	856	2	96
4 15	Rome	GA	235 2684	A	D	857	13	4 16

Page	TOTAL Excl. Tax	Loc. Tax	St. Tax	Fed. Tax	TOTAL Incl. Tax
1	8 07			24	8 31

618

1-67
210

NO._____

DATE_____19___

PAY_____DOLLARS $_____

TO
THE
ORDER
OF

:0210:::0067:242:::0:::024180:

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	

III-1-7

Don't forget to send a birthday letter to each of our special clients this month. Type letters in advance. Use date 3-4 days prior to birthday. Be sure to mail so that letters will arrive on time.

(Use given name in salutation rather than surname.)

Birthday Letters

Date of Birth
current month DAY

Miss Dorothy Stevens — " " 9
1110 Dawn Court
Cols, GA ZIP

Mr. William (Bill) Shoemaker — " " 15
2018 Wellborne Dr.
Cols, GA ZIP

Mr. John Farmer — " " 22
5945 Sherborne Dr.
Cols, GA ZIP

Mrs. Carolyn Manning — " " 25
4017 Merrywood Dr.
Cols, GA ZIP

HAPPY BIRTHDAY!!!

all of us at Simmons Insurance Agency wish you well on this special day. We value your friendship not only as a client but also as a friend.

Please call on us at any time that we may help you with your insurance needs.

Sincerely,
Fred Simmons

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

404-322-1425
Current Date

Dear

This is just a reminder that the insurance policy on your furniture in the amount of _____ will expire on Friday, (current date). The cost of renewal of this policy for a three-year period is _____.

If you wish to renew this policy please call me at the above number and tell me that your check will be in the mail soon.

Sincerely,
Edgar Simmons, Agent

	FACE Value	Cost or Renewal for 3 Years
1. Mr. Richard Watson 2630 Hodges Road Columbus, GA 31906	$10,000	$150
2. Mrs. Mary Powell 999 Howe Avenue Macon, GA 32601	15,000	175
3. Mr. James A. Poole 660 Ephie Way Columbus, GA 31906	10,000	150
4. Mr. Lewis Hommer 6103 Pitts Lane Columbus, GA 31906	20,000	250
5. Mr. James Jarae 4601 Evans Street Columbus, GA 31902	10,000	150
6. Mr. Edward Lawrence 3102 Winsfield Place Columbus, GA 31904	10,000	150

	Face Value	Cost or Renewal for 3 Years
7. Mr. William Layfield 2201 Fox Drive Phenix City, AL 36032	$10,000	$150
8. Mr. Daniel Lanzenby 1102 Mimosa Avenue Albany, GA 31806	10,000	150
9. Mr. Joseph Martin 913 Wedron Drive Columbus, GA 31907	15,000	175
10. Mr. Donald Jones 4416 Illini Drive Columbus, GA 31907	15,000	175

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

SAMPLE

(PLEASE PRINT)

I HAVE

changed my address ☐
changed banks ☐
Changed my telephone ☐
other ☐

Policy No. _____

Insured Name _____

Comments _____

_____

_____

PLEASE FILL IN YOUR NAME, ADDRESS, AND PHONE NO.

Name _____ Tel. No. _____

Address _____ ZIP _____

City _____ State _____

No. 80 Amount $ 3.17

RECEIVED OF PETTY CASH

(Current Mo.) 4, 19--

For typewriter ribbon

Charge to Office Supplies

J. S. — M. Kelly

Approved by — Received by

No. 81 Amount $ 4.50

RECEIVED OF PETTY CASH

(Current Mo.) 5, 19--

For car wash & wax

Charge to Miscellaneous Expense

J. S. — E. Simmons

Approved by — Received by

No. 82 Amount $ 2.85

RECEIVED OF PETTY CASH

(Current Mo.) 10, 19--

For postage - package mailing

Charge to Advertising Expense

J. S. — M. Kelly

Approved by — Received by

No. 83 Amount $ 1.25

RECEIVED OF PETTY CASH

(Current Mo.) 10, 19--

For cellophane tape

Charge to Office Supplies

J.S. M. Kelly

Approved by Received by

No. 84 Amount $ 3.60

RECEIVED OF PETTY CASH

(Current Mo.) 12, 19--

For coffee

Charge to Miscellaneous Expense

J.S. M. Kelly

Approved by Received by

No. 85 Amount $ 3.75

RECEIVED OF PETTY CASH

(Current Mo.) 15, 19--

For rubber name stamp

Charge to Office Supplies

J.S. E. Simmons

Approved by Received by

No. 86 Amount $ 18.00

RECEIVED OF PETTY CASH

(Current Mo.) 19, 19--

For car decals

Charge to Advertising Expense

J.S. — Approved by

J. Simmons — Received by

No. 87 Amount $ 25.00

RECEIVED OF PETTY CASH

(Current Mo.) 19, 19--

For cut grass / trim shrubs

Charge to Maintenance

J.S. — Approved by

E. Simmons — Received by

No. 88 Amount $ 3.50

RECEIVED OF PETTY CASH

(Current Mo.) 21, 19--

For Gro-Lite for plants

Charge to Maintenance

J.S. — Approved by

M. Kelly — Received by

No. 89 Amount $ 5.75

RECEIVED OF PETTY CASH

(Current Mo.) 25 19--

For classified advertisement

Charge to Advertising

J.S. M. Kelly

Approved by Received by

No. _____ Amount $ _____

RECEIVED OF PETTY CASH

_____ 19___

For _____

Charge to _____

_____

_____

Approved by Received by

No. _____ Amount $ _____

RECEIVED OF PETTY CASH

_____ 19___

For _____

Charge to _____

_____

_____

Approved by Received by

CASH PAYMENTS JOURNAL

PAGE 22

	DATE	CK. NO.	ACCOUNT DEBITED	POST. REF.	SUNDRY ACCOUNTS DR.	ACCOUNTS PAYABLE DR.	PURCHASES DISCOUNT CR.	CASH CR.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

PETTY CASH BOOK

Page 13

PETTY CASH FUND		DATE	EXPLANATION	VOU NO.	DISTRIBUTION OF PAYMENTS			
RECEIVED	PAID OUT				ADVERT. EX.	AUTO EXP.	MISC. EXP.	OFF. SUPP.
75-		M -	Brought fwd.					

1-67
210

NO._____

DATE_____19___

PAY_____DOLLARS $_____

TO
THE
ORDER
OF

:0210:::0067:242:::0:::024180:

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	

Life Insurance

Program I

Husband – 70,000
Wife – 40,000
Children – 3,000
Total Outlay – 93.65 monthly
Insurance – 43.34 / Savings – 50.31

Year	Insurance	Savings @ 8%	Total Death Benefit
Now	70,000	604.00	70,604.00
5	70,000	2,920.00	72,920.00
10	65,157	8,092.00	73,249.00
15	41,827	15,691.00	57,517.00
20	25,843	26,857.00	52,700.00
Age 65	8,108	86,970.00	95,078.00

Program II

Husband – 50,000
Wife – 40,000
Children – 3,000
Total Outlay – 75.01 monthly
Insurance – 36.30 / Savings – 38.71

Year	Insurance	Savings @ 8%	Total Death Benefit
Now	50,000	465.00	50,465.00
5	50,000	2,263.00	52,263.00
10	50,000	6,271.00	56,271.00
15	34,218	12,161.00	46,379.00
20	21,144	20,814.00	41,958.00
Age 65	6,634	67,402.00	74,036.00

Current Date

(Name of Insured)
(Street Address)
(City, ST ZIP)

Salutation

Enclosed is a computer printout of information concerning the whole life policy that we discussed on (Date). The policy has an initial amount of (XX,XXX) and an ultimate amount of (XX,XXX). I look forward to seeing you again on (Date). The policy will be ready for your signature at that time.

Sincerely

Fred Simmons

(Use same day of week following date of letter)

Insured	Initial Visit	Initial Amount	Ultimate Amount
① Mrs. Barbara Cornell 1606 S. Lumpkin Rd. Columbus, GA ZIP	(Use last Monday's date)	$50,000	$34,750
② Ms. Linda Kilian 3943 Evergreen Columbus, GA ZIP	(Use last Tuesday's date)	$35,000	$24,325
③ Miss Donna Edwards 1106 Winston Road Columbus, GA ZIP	(Use last Wednesday's date)	$25,000	$17,375
④ Miss Marilyn Baker 2309 Fields Avenue Columbus, GA ZIP	(Use last Thursday's date)	$15,000	$10,425

AN ILLUSTRATION OF WHOLE LIFE POLICY FOR

PREPARED BY FRED SIMMONS MARILYN BAKER

DIVIDENDS* TO PROVIDE A COMBINATION OF ONE YEAR TERM INSURANCE AND PAID-UP ADDITIONS

	ANNUAL PREMIUMS
FIRST 28 YRS.	$255.15
AFTER 28 YRS.	$250.50
INIT. MLY. PRUMATIC PREM.""""	$23.25

A $15,000 WHOLE LIFE POLICY

INITIAL AMOUNT $15,000 ULTIMATE AMOUNT $10,425

FEMALE AGE 32 INCLUDES WAIVER OF PREMIUM STANDARD RATING GIBRALTAR

POLICY YEAR	ANN DIV* END OF PREV YR	COST OF 1 YR TERM#	AMOUNT OF 1 YR TERM#	AMOUNT OF INSURANCE(Y)	TERM DIV**	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)	CSV OF PUAS*	GUARANTEED CASH VALUE	TOTAL CASH AVAILABLE**
1	0	0	0	15,000	0	0	15,000	0	0	0
2	0	0	0	15,000	0	0	15,000	0	0	0
3	0	0	0	15,000	0	0	15,000	18	130	140
4	18	14	4,565	10,425	0	11	15,000	32	300	332
5	27	14	4,531	10,425	0	44	15,000	55	475	539
6	37	15	4,476	10,425	30	99	15,030	90	654	774
7	48	16	4,397	10,425	45	178	15,045	136	836	1,018
8	59	17	4,296	10,425	75	279	15,075	194	1,023	1,292
9	69	18	4,173	10,425	105	402	15,105	264	1,214	1,583
10	79	17	4,029	10,425	135	541	15,135	347	1,478	1,890
11	89	20	3,864	10,425	135	711	15,135	444	1,677	2,186
12	100	20	3,676	10,425	150	899	15,150	555	1,810	2,565
13	111	20	3,466	10,425	165	1,109	15,165	684	2,016	2,865
14	123	20	3,231	10,425	180	1,344	15,180	829	2,226	3,235
15	133	20	2,974	10,425	195	1,601	15,195	992	2,441	3,528
16	145	20	2,693	10,425	210	1,882	15,210	1,175	2,658	4,043
17	156	19	2,388	10,425	210	2,187	15,210	1,377	2,879	4,466
18	167	19	2,061	10,425	225	2,515	15,225	1,599	3,103	4,927
19	177	17	1,709	10,425	240	2,866	15,240	1,842	3,331	5,413
20	187	15	1,333	10,425	255	3,242	15,255	2,110	3,563	5,728

MO. LIFE INCOME 10 YR CERTAIN (7)

ATTAINED AGE***	TOTAL PREMIUMS	GUARANTEED CASH VALUE	CSV OF PUAS*	TERM DIV**	CONTRACT GUARANTEE	FROM DIVIDENDS*	TOTAL*	AMOUNT OF 1 YR TERM#	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)
65	7,144	5,105	5,053	285	29.25	48.23	77.48	0	7,070	17,710

(Y) THE AMOUNT OF INSURANCE FOR THE WHOLE LIFE POLICY REMAINS LEVEL FOR THE FIRST THREE POLICY YEARS AT AN AMOUNT CALLED THE INITIAL AMOUNT AND THEN REDUCES TO THE ULTIMATE AMOUNT AND REMAINS CONSTANT THEREAFTER. ANY ANNUAL DIVIDENDS* PAYABLE ARE USED TO PROVIDE A COMBINATION OF ONE-YEAR TERM INSURANCE AND PAID-UP ADDITIONS, AND, BASED ON OUR CURRENT DIVIDEND SCALE, THE TOTAL DEATH BENEFIT WILL BE AT LEAST AS GREAT AS THE INITIAL AMOUNT OF INSURANCE. IN LATER POLICY YEARS WHEN ACCORDING TO SUCH SCALE THE TOTAL PAID-UP-ADDITIONS ARE AT LEAST AS GREAT AS THE DIFFERENCE BETWEEN THE INITIAL AND ULTIMATE AMOUNT, ANY FURTHER DIVIDENDS* WILL BE USED TO PROVIDE PAID-UP ADDITIONS. IF THE DIVIDEND SCALE SHOULD BE REDUCED SO THAT THE TOTAL DEATH BENEFIT WOULD BE LESS THAN THE INITIAL AMOUNT, THEN THE ENTIRE ANNUAL DIVIDEND* WOULD BE USED TO PROVIDE ONE-YEAR TERM INSURANCE. THE TOTAL DEATH BENEFITS INCLUDE THE AMOUNT OF INSURANCE FOR THE POLICY, ANY ONE-YEAR TERM INSURANCE PROVIDED, THE TOTAL PAID-UP ADDITIONS, ANY TERM RIDERS BENEFIT, AND A TERMINATION DIVIDEND**.

SURRENDER COST INDICES AT 5% (XX) FOR POL YRS. 1 THRU 10 $8.45 FOR POL YRS. 1 THRU 20 $6.11

AN ILLUSTRATION OF A WHOLE LIFE POLICY FOR

PREPARED BY FRED SIMONS DONNA EDWARDS

DIVIDENDS* TO PROVIDE A COMBINATION OF ONE YEAR TERM INSURANCE AND PAID-UP ADDITIONS

ANNUAL PREMIUMS

FIRST 29 YRS.	$391.50
AFTER 28 YRS.	$383.75
INIT. MLY. PRIMATIC PREM***	$34.00

A $23,000 WHOLE LIFE POLICY

INITIAL AMOUNT $25,000 ULTIMATE AMOUNT $17,375

FEMALE AGE 37 INCLUDES WAIVER OF PREMIUM STANDARD RATING ESTATE

POLICY YEAR END OF	ANN DIV* PREV YR	COST OF 1 YR TERM@	AMOUNT OF 1 YR TERM@	AMOUNT OF INSURANCE (Y)	TERM DIV**	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)	CSV OF PUAS*	GUARANTEED CASH VALUE	TOTAL CASH AVAILABLE**
1	0	0	0	25,000	0	0	25,000	0	0	0
2	0	0	0	25,000	0	0	25,000	0	14	14
3	0	0	0	25,000	0	0	25,000	27	299	325
4	27	20	7,608	17,375	0	17	25,000	47	612	659
5	40	21	7,559	17,375	0	66	25,000	81	934	1,015
6	54	22	7,479	17,375	0	146	25,000	121	1,263	1,394
7	69	23	7,367	17,375	0	259	25,000	197	1,601	1,794
8	84	24	7,221	17,375	25	404	25,025	280	1,946	2,251
9	99	26	7,847	17,375	75	578	25,075	379	2,300	2,754
10	113	28	6,843	17,375	100	782	25,100	497	2,662	3,258
11	128	29	6,610	17,375	125	1,015	25,125	623	2,966	3,724
12	143	30	6,347	17,375	175	1,278	25,175	790	3,277	4,241
13	158	31	6,053	17,375	200	1,572	25,200	969	3,593	4,762
14	174	32	5,726	17,375	225	1,899	25,225	1,171	3,914	5,310
15	189	32	5,370	17,375	250	2,255	25,250	1,398	4,240	5,888
16	205	32	4,981	17,375	300	2,644	25,300	1,651	4,571	6,522
17	220	33	4,562	17,375	325	3,063	25,325	1,929	4,906	7,160
18	235	33	4,114	17,375	350	3,511	25,350	2,234	5,246	7,829
19	245	32	3,635	17,375	400	3,990	25,400	2,566	5,590	8,556
20	263	30	3,126	17,375	425	4,499	25,425	2,931	5,938	9,294

MO. LIFE INCOME 10 YR CERTAIN (7)

ATTAINED AGE***	TOTAL PREMIUMS	GUARANTEED CASH VALUE	CSV OF PUAS*	TERM DIV**	CONTRACT GUARANTEE	FROM DIVIDENDS*	TOTAL*	AMOUNT OF 1 YR TERM@	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)
65	10,962	8,308	7,064	475	43.75	70.31	119.06	0	9,745	27,395

(Y) THE AMOUNT OF INSURANCE FOR THE WHOLE LIFE POLICY REMAINS LEVEL FOR THE FIRST THREE POLICY YEARS AT AN AMOUNT CALLED THE INITIAL AMOUNT AND THEN REDUCES TO THE ULTIMATE AMOUNT AND REMAINS CONSTANT THEREAFTER. ANY ANNUAL DIVIDENDS* PAYABLE ARE USED TO PROVIDE A COMBINATION OF ONE-YEAR TERM INSURANCE AND PAID-UP ADDITIONS, AND, BASED ON OUR CURRENT DIVIDEND SCALE, THE TOTAL DEATH BENEFIT WILL BE AT LEAST AS GREAT AS THE INITIAL AMOUNT OF INSURANCE. IN LATER POLICY YEARS WHEN ACCORDING TO SUCH SCALE THE TOTAL PAID-UP-ADDITIONS ARE AT LEAST AS GREAT AS THE DIFFERENCE BETWEEN THE INITIAL AND ULTIMATE AMOUNT, ANY FURTHER DIVIDENDS* WILL BE USED TO PROVIDE PAID-UP ADDITIONS. IF THE DIVIDEND SCALE SHOULD BE REDUCED SO THAT THE TOTAL DEATH BENEFIT WOULD BE LESS THAN THE INITIAL AMOUNT, THEN THE ENTIRE ANNUAL DIVIDEND* WOULD BE USED TO PROVIDE ONE-YEAR TERM INSURANCE. THE TOTAL DEATH BENEFITS INCLUDE THE AMOUNT OF INSURANCE FOR THE POLICY, ANY ONE-YEAR TERM INSURANCE PROVIDED, THE TOTAL PAID-UP ADDITIONS, ANY TERM RIDERS BENEFIT, AND A TERMINATION DIVIDEND**.

SURRENDER COST INDICES AT 5% (XX) FOR POL YRS. 1 THRU 10 $6.47 FOR POL YRS. 1 THRU 20 $5.32

AN ILLUSTRATION OF A WHOLE LIFE POLICY FOR

PREPARED BY FRED SIMMONS LINDA KILIAN

DIVIDENDS* TO PROVIDE A COMBINATION OF ONE YEAR TERM INSURANCE AND PAID-UP ADDITIONS

ANNUAL PREMIUMS

FIRST 28 YRS. $543.30

AFTER 28 YRS. $532.45

INIT. MLY. PRUMATIC PREM."""" $47.00

A $31,000 WHOLE LIFE POLICY

INITIAL AMOUNT $35,000 ULTIMATE AMOUNT $24,325

FEMALE AGE 37 INCLUDES RAIVER OF PREMIUM STANDARD RATING ESTATE

POLICY YEAR	ANN DIV$ END OF PREV YR	COST OF 1 YR TERM#	AMOUNT OF 1 YR TERM#	AMOUNT OF INSURANCE (Y)	TERM DIV**	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)	CSV OF PUAS*	GUARANTEED CASH VALUE	TOTAL CASH AVAILABLE**
1	0	0	0	35,000	0	0	35,000	0	0	0
2	0	0	0	35,000	0	0	35,000	0	20	20
3	0	0	0	35,000	0	0	35,000	37	418	455
4	37	28	10,651	24,325	0	24	35,000	66	857	922
5	56	27	10,583	24,325	0	92	35,000	114	1,307	1,421
6	75	30	10,471	24,325	0	204	35,000	183	1,769	1,952
7	96	32	10,313	24,325	0	362	35,000	276	2,241	2,547
8	118	34	10,110	24,325	35	565	35,035	392	2,724	3,151
9	138	37	9,866	24,325	105	809	35,105	531	3,217	3,856
10	159	39	9,580	24,325	140	1,095	35,140	695	3,726	4,561
11	179	41	9,254	24,325	175	1,421	35,175	886	4,153	5,214
12	200	43	8,886	24,325	245	1,789	35,245	1,106	4,587	5,938
13	221	44	8,474	24,325	280	2,201	35,280	1,357	5,030	6,666
14	243	44	8,017	24,325	315	2,638	35,315	1,640	5,479	7,433
15	264	45	7,518	24,325	350	3,157	35,350	1,958	5,935	8,243
16	287	45	6,974	24,325	420	3,702	35,420	2,311	6,399	9,130
17	308	46	6,387	24,325	455	4,288	35,455	2,701	6,818	10,024
18	327	46	5,759	24,325	490	4,916	35,490	3,127	7,344	10,961
19	348	45	5,090	24,325	560	5,585	35,560	3,893	7,825	11,978
20	368	43	4,376	24,325	595	6,299	35,595	4,104	8,313	13,011

PD. LIFE INCOME 10 YR CERTAIN (7)

ATTAINED AGE***	TOTAL PREMIUMS	GUARANTEED CASH VALUE	CSV OF PUAS*	TERM DIV**	CONTRACT GUARANTEE	FROM DIVIDENDS*	TOTAL*	AMOUNT OF 1 YR TERM*	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)
65	15,212	11,911	9,889	665	68.25	98.44	166.69	D	13,642	38,632

(Y) THE AMOUNT OF INSURANCE FOR THE WHOLE LIFE POLICY REMAINS LEVEL FOR THE FIRST THREE POLICY YEARS AT AN AMOUNT CALLED THE INITIAL AMOUNT AND THEN REDUCES TO THE ULTIMATE AMOUNT AND REMAINS CONSTANT THEREAFTER. ANY ANNUAL DIVIDENDS* PAYABLE ARE USED TO PROVIDE A COMBINATION OF ONE-YEAR TERM INSURANCE AND PAID-UP ADDITIONS, AND, BASED ON OUR CURRENT DIVIDEND SCALE, THE TOTAL DEATH BENEFIT WILL BE AT LEAST AS GREAT AS THE INITIAL AMOUNT OF INSURANCE. IN LATER POLICY YEARS WHEN ACCORDING TO SUCH SCALE THE TOTAL PAID-UP-ADDITIONS ARE AT LEAST AS GREAT AS THE DIFFERENCE BETWEEN THE INITIAL AND ULTIMATE AMOUNT, ANY FURTHER DIVIDENDS* WILL BE USED TO PROVIDE PAID-UP ADDITIONS. IF THE DIVIDEND SCALE SHOULD BE REDUCED SO THAT THE TOTAL DEATH BENEFIT WOULD BE LESS THAN THE INITIAL AMOUNT, THEN THE ENTIRE ANNUAL DIVIDEND* WOULD BE USED TO PROVIDE ONE-YEAR TERM INSURANCE. THE TOTAL DEATH BENEFITS INCLUDE THE AMOUNT OF INSURANCE FOR THE POLICY, ANY ONE-YEAR TERM INSURANCE PROVIDED, THE TOTAL PAID-UP-ADDITIONS, ANY TERM RIDERS BENEFIT, AND A TERMINATION DIVIDEND**.

SURRENDER COST INDICES AT 5% (XX) FOR POL YRS. 1 THRU 10 $6.30 FOR POL YRS. 1 THRU 20 $5.14

AN ILLUSTRATION OF A WHOLE LIFE POLICY FOR

PREPARED BY FRED SIMMONS BARBARA CORNELL

DIVIDENDS* TO PROVIDE A COMBINATION OF ONE YEAR TERM INSURANCE AND PAID-UP ADDITIONS

ANNUAL PREMIUMS

FIRST 28 YRS. $777.80

AFTER 28 YRS. $755.50

INIT. MLY. PRIMATIC PREM."""" $66.50

A $50,000 WHOLE LIFE POLICY

INITIAL AMOUNT $50,000 ULTIMATE AMOUNT $34,750

FEMALE AGE 37 INCLUDES WAIVER OF PREMIUM STANDARD RATING ESTATE

POLICY YEAR	ANN DIV* END OF PREV YR	COST OF 1 YR TERM#	AMOUNT OF 1 YR TERM#	AMOUNT OF INSURANCE(Y)	TERM DIV**	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)	CSV OF PUAS*	GUARANTEED CASH VALUE	TOTAL CASH AVAILABLE**
1	0	0	0	50,000	0	0	50,000	0	0	0
2	0	0	0	50,000	0	0	50,000	0	23	28
3	0	0	0	50,000	0	0	50,000	53	597	650
4	53	40	15,215	34,750	0	35	50,000	94	1,224	1,318
5	80	41	15,119	34,750	0	131	50,000	162	1,868	2,030
6	108	43	14,958	34,750	0	292	50,000	262	2,527	2,788
7	137	46	14,733	34,750	0	517	50,000	375	3,202	3,596
8	168	47	14,442	34,750	50	808	50,050	560	3,892	4,502
9	177	53	14,094	34,750	150	1,156	50,150	759	4,599	5,508
10	227	56	13,686	34,750	200	1,564	50,200	993	5,323	6,516
11	256	59	13,220	34,750	250	2,030	50,250	1,266	5,933	7,448
12	286	61	12,694	34,750	350	2,556	50,350	1,580	6,553	8,483
13	316	62	12,106	34,750	400	3,145	50,400	1,938	7,185	9,523
14	348	63	11,453	34,750	450	3,797	50,450	2,342	7,827	10,619
15	377	64	10,740	34,750	500	4,510	50,500	2,797	8,479	11,776
16	410	65	9,962	34,750	600	5,288	50,600	3,302	7,141	13,043
17	440	66	9.124	34,750	650	6,126	50,650	3,359	7,813	14,320
18	470	66	8,227	34,750	700	7,023	50,700	4,468	10,491	16,659
19	473	65	7,271	34,750	800	7,979	50,800	5,133	11,179	17,112
20	525	61	6,252	34,750	850	8,798	50,850	5,863	11,875	18,583

MO. LIFE INCOME 10 YR CERTAIN (7)

ATTAINED AGE***	TOTAL PREMIUMS	GUARANTEED CASH VALUE	CSV OF PUAS*	TERM DIV**	CONTRACT GUARANTEE	FROM DIVIDENDS*	TOTAL*	AMOUNT OF 1 YR TERM#	TOTAL PUAS*	TOTAL DEATH BENEFIT(Y)
65	21,583	17,015	14,127	950	97.30	140.83	238.13	0	17,487	65,189

(Y) THE AMOUNT OF INSURANCE FOR THE WHOLE LIFE POLICY REMAINS LEVEL FOR THE FIRST THREE POLICY YEARS AT AN AMOUNT CALLED THE INITIAL AMOUNT AND THEN REDUCES TO THE ULTIMATE AMOUNT AND REMAINS CONSTANT THEREAFTER. ANY ANNUAL DIVIDENDS* PAYABLE ARE USED TO PROVIDE A COMBINATION OF ONE-YEAR TERM INSURANCE AND PAID-UP ADDITIONS, AND, BASED ON OUR CURRENT DIVIDEND SCALE, THE TOTAL DEATH BENEFIT WILL BE AT LEAST AS GREAT AS THE INITIAL AMOUNT OF INSURANCE. IN LATER POLICY YEARS WHEN ACCORDING TO SUCH SCALE THE TOTAL PAID-UP-ADDITIONS ARE AT LEAST AS GREAT AS THE DIFFERENCE BETWEEN THE INITIAL AND ULTIMATE AMOUNT, ANY FURTHER DIVIDENDS* WILL BE USED TO PROVIDE PAID-UP ADDITIONS. IF THE DIVIDEND SCALE SHOULD BE REDUCED SO THAT THE TOTAL DEATH BENEFIT WOULD BE LESS THAN THE INITIAL AMOUNT, THEN THE ENTIRE ANNUAL DIVIDEND* WOULD BE USED TO PROVIDE ONE-YEAR TERM INSURANCE. THE TOTAL DEATH BENEFITS INCLUDE THE AMOUNT OF INSURANCE FOR THE POLICY, ANY ONE-YEAR TERM INSURANCE PROVIDED, THE TOTAL PAID-UP ADDITIONS, ANY TERM RIDERS BENEFIT, AND A TERMINATION DIVIDEND**.

SURRENDER COST INDICES AT 5% (XX) FOR POL YRS. 1 THRU 10 $6.17 FOR POL YRS. 1 THRU 20 $5.01

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

AAUS Insurance Co. has requested a list of local hospitals. Please type a complete list, including addresses and telephone number(s). (Use the Yellow Pages of the telephone directory.)

Compose a short letter to Mr. Rodney Brown, Claims Department, AAUS Insurance Company, 2200 Lancaster Avenue, Dallas, TX 75216, indicating that the list is being sent per our telephone conversation of (last Friday's date). Thanks

E. S.

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

SENIOR CITIZEN POLICY
Graded Benefit Whole Life
1966 C.S.I. 3½%

Weekly Premiums
Ultimate Death Benefit

Age Next Birthday	$500	$1,000	$1,500
61	$1.24	$2.43	$3.62
62	1.30	2.55	3.80
63	1.36	2.67	3.98
64	1.42	2.79	4.16
# 65	1.49	2.93	4.37
66	1.56	3.07	4.58
67	1.63	3.21	4.79
68	1.71	3.37	5.03
69	1.79	3.53	5.27
70	1.88	3.71	5.54
71	1.97	3.89	5.81
72	2.07	4.09	6.11
73	2.17	4.29	6.41
74	2.28	4.51	6.74
75	2.39	4.73	7.07

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. David Conrad POLICY NO.'S FA82576

ADDRESS 602 49th St. (if known) _____

Columbus, GA 31906 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 687-5335 (Business) 563-2211

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
✓ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
✓ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning ✓ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Fred Daughtry POLICY NO.'S FA79253

ADDRESS 74 Oakley Court (if known) _____

Columbus, GA 31906 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 563-8891 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

✓ we expect a child in September (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
__ medical insurance
✓ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
✓ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Susie Smith POLICY NO.'S FA88805

ADDRESS 455-A Craig Drv. (if known) _____

Fort Benning, GA 31905 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 687-6767 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Luther Ray POLICY NO.'S FA75681

ADDRESS 928 Vireille St. (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 322-1415 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

- ✓ change of beneficiary
- __ life insurance on my spouse
- __ life insurance on my child(ren)
- ✓ educational insurance
- __ disability income protection
- __ additional life insurance
- __ medical insurance
- __ mortage life insurance
- __ group life insurance
- __ key man insurance
- __ business continuation insurance
- __ tax sheltered retirement plan (IRA, Keogh, or TSA)
  I am currently in a retirement plan __ yes __ no
- __ converting term insurance
- __ paying off my deferred note (to save interest)
- __ a savings plan
- __ personal estate anaysis
- __ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: ✔ morning __ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Herman Rainey POLICY NO.'S FA97814

ADDRESS 4699 Farley Dr. (if known) _____

Columbus, GA 31907 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 561-0102 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____
Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

✓ we had a child on July 6 (date of birth)
Child's Full Name Herman Rainey Jr. Nickname -

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
✓ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
__ medical insurance
✓ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Miss Mattie Spears POLICY NO.'S FA59311

ADDRESS Pinehill Drive (if known) _____

Phenix City, AL _____

__ This is a new address as of _____

PHONE NUMBER (Home) 289-2131 (Business) —

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
✓ disability income protection
__ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
✓ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: ✓ morning __ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

BEST COPY AVAILABLE

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. George Vickery POLICY NO.'S FA95133

ADDRESS 4022 Pamela St. (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 323-7183 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

- ✓ change of beneficiary
- __ life insurance on my spouse
- __ life insurance on my child(ren)
- ✓ educational insurance
- __ disability income protection
- __ additional life insurance
- __ medical insurance
- __ mortage life insurance
- __ group life insurance
- __ key man insurance
- __ business continuation insurance
- __ tax sheltered retirement plan (IRA, Keogh, or TSA)
- I am currently in a retirement plan __ yes __ no
- __ converting term insurance
- __ paying off my deferred note (to save interest)
- __ a savings plan
- __ personal estate anaysis
- __ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Myra Ward POLICY NO.'S FA66543

ADDRESS 3329 Wallace Dr. (if known) _____

Columbus, GA 31906 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 323-7361 (Business) 561-9988

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for ✓ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
✓ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
✓ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✔ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Elmer Dunn POLICY NO.'S FA43279

ADDRESS 613 Talbotton Rd. (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 565-1235 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

✓ marital status has changed (if married, please complete below)
Spouse's Name Sandra Date of Birth 9-22-19--

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)

Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
✓ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
✓ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance

__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning ✓ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Ray Ishight POLICY NO.'S FA66501

ADDRESS 1549 Forestside Dr. (if known) _____

Columbus, GA 31907 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 561-9225 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____
Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
✓ disability income protection
✓ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Lucille Felton POLICY NO.'S HN33425

ADDRESS 1400 Shepard Dr. (if known) _____

Columbus, GA 31906 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 323-7100 (Business) - ___

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

- ✓ change of beneficiary
- __ life insurance on my spouse
- __ life insurance on my child(ren)
- __ educational insurance
- __ disability income protection
- __ additional life insurance
- __ medical insurance
- ✓ mortage life insurance
- __ group life insurance
- __ key man insurance
- __ business continuation insurance
- __ tax sheltered retirement plan (IRA, Keogh, or TSA)
  I am currently in a retirement plan __ yes __ no
- __ converting term insurance
- __ paying off my deferred note (to save interest)
- __ a savings plan
- __ personal estate anaysis
- __ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Mary Carter POLICY NO.'S HN47823

ADDRESS 1605 38th S.t. (if known) _____

Columbus, GA 31906 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 322-0132 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
✓ disability income protection
__ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
✓ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (___) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. J. M. Youngblood POLICY NO.'S FA12403

ADDRESS 3905 Crestview Dr (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 568-4291 (Business) 563-2112

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

- ✓ change of beneficiary
- __ life insurance on my spouse
- __ life insurance on my child(ren)
- __ educational insurance
- __ disability income protection
- __ additional life insurance
- __ medical insurance
- ✓ mortage life insurance
- __ group life insurance
- __ key man insurance
- __ business continuation insurance
- __ tax sheltered retirement plan (IRA, Keogh, or TSA)
  I am currently in a retirement plan __ yes __ no
- __ converting term insurance
- __ paying off my deferred note (to save interest)
- __ a savings plan
- __ personal estate anaysis
- __ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: ✓ morning __ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Glenn Basson POLICY NO.'S FA36921

ADDRESS 5024 Trussell Ave (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 324-5129 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
✓ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
✓ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Max Shivers POLICY NO.'S FA32792

ADDRESS 1800 Lakewood Dr. (if known) _____

Phenix City, AL _____

__ This is a new address as of _____

PHONE NUMBER (Home) 294-6113 (Business) _____

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
✓ medical insurance
__ mortage life insurance
✓ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Waylon Sanders POLICY NO.'S HN69997

ADDRESS 6334 Luna Dr. (if known) _____

Columbus, GA 31907 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 561-2229 (Business) —

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
✓ educational insurance
✓ disability income protection
__ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)*
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning ✓ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Jesse Barr POLICY NO.'S HN61305

ADDRESS 1410 Briarlock Rd (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 568-7233 (Business) 322-1009

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
✓ life insurance on my spouse
✓ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
__ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Georgia Williams POLICY NO.'S HN62126

ADDRESS 2446 Rice St. (if known) _____

Columbus, GA 31903 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 687-9234 (Business) -

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
✓ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
✓ medical insurance
__ mortage life insurance
__ group life insurance
__ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning ✓ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mr. Joe Gibson POLICY NO.'S FA72737

ADDRESS 5 Magnolia St. (if known) _____

Columbus, GA 31904 _____

__ This is a new address as of _____

PHONE NUMBER (Home) 563-2798 (Business) 563-2110

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____

Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

__ change of beneficiary
__ life insurance on my spouse
__ life insurance on my child(ren)
__ educational insurance
__ disability income protection
__ additional life insurance
__ medical insurance
✓ mortage life insurance
__ group life insurance
✓ key man insurance
__ business continuation insurance
__ tax sheltered retirement plan (IRA, Keogh, or TSA)
I am currently in a retirement plan __ yes __ no
__ converting term insurance
__ paying off my deferred note (to save interest)
__ a savings plan
__ personal estate anaysis
__ other

I would appreciate a phone call from you:

Telephone # (____) _____

Best time to call: __ morning __ afternoon ✓ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME Mrs. Ruth Flowers POLICY NO.'S HN79931

ADDRESS 1215 21st St. (if known) _____

Columbus, GA 31901 _____

__ This is a new address as of _____

PHONE NUMBER (Home) _____ (Business) _____

Since our last discussion, I have:

__ changed banks, need automatic bank draft authorization card for __ premiums; __ note; __ loan;

__ acquired new life insurance __ group __ other

__ changed jobs Name of company _____
Current occupation _____

Family information:

__ marital status has changed (if married, please complete below)
Spouse's Name _____ Date of Birth _____

__ we expect a child in _____ (month)

__ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

- ✓ change of beneficiary
- __ life insurance on my spouse
- __ life insurance on my child(ren)
- __ educational insurance
- ✓ disability income protection
- __ additional life insurance
- __ medical insurance
- __ mortage life insurance
- __ group life insurance
- __ key man insurance
- __ business continuation insurance
- __ tax sheltered retirement plan (IRA, Keogh, or TSA)
  I am currently in a retirement plan __ yes __ no
- __ converting term insurance
- __ paying off my deferred note (to save interest)
- __ a savings plan
- __ personal estate anaysis
- __ other

I would appreciate a phone call from you:

Telephone # (___) _____

Best time to call: ✓ morning __ afternoon __ evening

I appreciate having you as a client, and look forward to many years of continued servied to you!

_____

Agent's MSN _____

Agent # _____

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

_____

_____

_____

_____

Dear

Thank you for completing the checklist which we sent to you a few days ago. I would like to schedule an appointment with you on _____, to give you the information which you indicated on the form. Please let me know if this day and time is convenient for you.

Sincerely,

Fred Simmons
Insurance Agent

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904